Multicentre treatment trial for BPD-implications for treating self injury behaviour

Presented by Dr Christopher Lee
Murdoch University
Research funded by Rotary Mental Health Grant
www.therapist-training.com.au
chris.lee@murdoch.edu.au

Why study BPD?

- 440,000 Australians have BPD
- 20% of all inpatient beds
- 4-6% of all primary care visits
- BPD chronic self-harmers and
- Best estimate is that 520 patients with BPD suicide in Australia every year

Schema Therapy
Young, J. (1991), Beck et al (1991).

- Development of Schema-Focused Therapy
  - Need for an integrative approach for
    - Personality disorders and
    - Chronic Axis I
  - Combined cognitive, behaviour, inter-personal and experiential techniques.

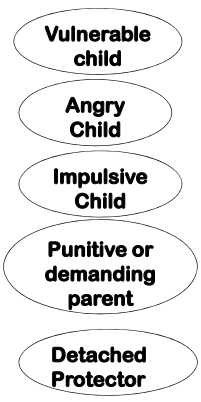
Schema Therapy

- Organised around a core theme (schema)
- Education component
- Affect based
- Therapy relationship limited reparenting rather then didactic (DBT) or neutral as in (TFP)

Concept of a Schema Mode:

- Schema modes are moment-to-moment emotional-cognitive states with specific behavioural responses
- Similar, but more extreme to what we all experience
- Schema modes are triggered by life situations that we are sensitive to
- An individual may shift from one schema mode into another (flipping)

MODE MODEL ACCOUNT FOR SYMPTOMS OF BPD



6

Vulnerable child mode

LOOK & FEEL:
Unable to get own needs met feels helpless & overwhelmed

SYMPTOMS:
Depressed, hopeless, needy, frightened, victimized, worthless, unloved, lost, frantic efforts to avoid abandonment, idealized view of nurturers

Angry & impulsive child modes

LOOK & FEEL:
Acts impulsively to get needs met
and vents angry feelings usually in inappropriate ways

SYMPTOMS:
Angry, impulsive, demanding, devaluating, controlling, abusive, suicidal or therapy quitting threats

Punitive parent Mode

LOOK & FEEL:
Punishes the person for expressing needs and feelings, or for making mistakes

SYMPTOMS:
Self-hatred, self-criticism, self-denial, self-mutilation, anger at self for neediness

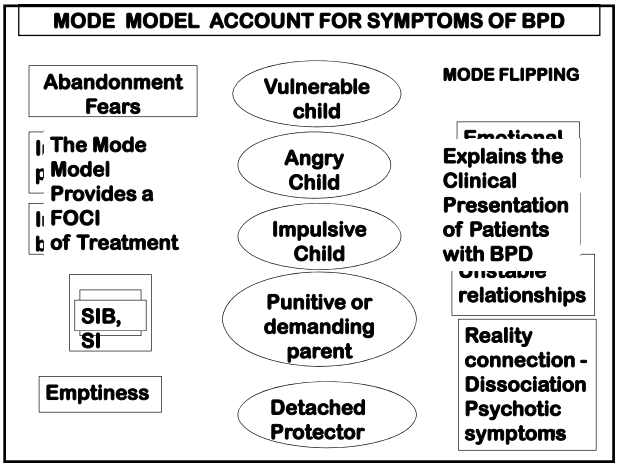
Detached/Angry Protector

LOOK & FEEL:

Cuts off needs and feelings; detaches from people, doesn't want to feel or think

SYMPTOMS:

Doesn't want to talk in therapy or doesn't come to therapy, surly, wont do imagery, depersonalization, emptiness, boredom, substance abuse, binging, self-mutilation, dissociation, psychosomatic complaints



Initial schema RCT

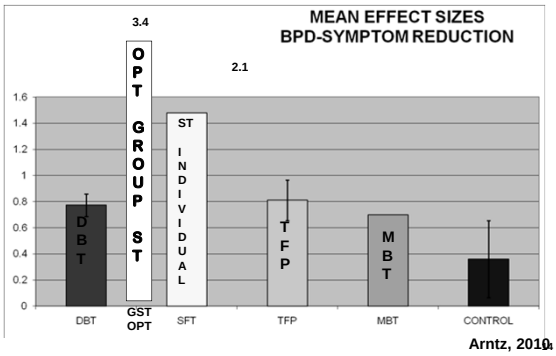
- SFT superior to Kernberg psychodynamic treatment on all measures (Giesen-Bloo et al., 2006)
- 67% vs 43% clinically significant change
- 45% vs 22% cure
- Drop out rate significantly lower in SFT
- However therapy intensive

Group schema RCT

- Advantages to delivering reparenting in groups.
- Improve connection in a population group that feels innately disconnected
- 32 patients with BPD in existing treatments assigned to 30 group sessions of SFT or no extra treatment (Farrell et al., 2009)
  - Cure rates, 94% SFT 16%TAU only

RESEARCH FINDINGS

MEAN TREATMENT EFFECT SIZES FOR BPD TREATMENTS



Arntz, 2010

GROUP SCHEMA THERAPY MULTI-SITE RANDOMIZED CONTROLLED TRIAL

- Can the effects of so far obtained for schema therapy be replicated in centers that did not develop the treatment.
- Study design – RCT, adequately powered to test group ST vs individual focus vs TAU for BPD (aim 448, to date 385)
- Total of 14 sites - 1 in USA, 1 in Australia, 6 NL, 3 in Germany, 2 in UK, 1 in Greece

15

General Steps in Schema Mode

1. Identify and label patient modes
2. Explore the origins and possible adaptive value of mode in childhood or adolescence
3. Link maladaptive modes to current problems and symptoms
4. Demonstrate advantages of modifying or giving up mode
5. Assess Vulnerable Child through imagery
6. Conduct dialogues among the modes. Initially therapist models healthy adult, later patient
7. Help patient generalise mode work to situations outside therapy

PUNITIVE PARENT

FUNCTION:

Punishes the child for expressing needs and feelings, or for making mistakes

SYMPTOMS:

Self-hatred, self-criticism, self-denial, self-mutilation, anger at self for neediness

Combating the Punitive Parent

- Make sure the child feels protected
- Educate about universal needs and feelings
- Reattribute childhood rejection to parents' issues
- Reattribute adult failings to schemas, not self
- Highlight successes and positive qualities
- Fight the Punitive Parent through imagery or two-or-more-chair technique

Two-chair Technique with the Punitive Parent

- Label Punitive Mode
- Label as punitive voice of parent (if appropriate)
- Put the punitive mode or punitive voice in an empty chair
- Address firmly or send away
- Don't negotiate, don't discuss
- Parent isn't a bad person, but a bad educator, and/or showed bad behavior

Workshop exercise: practice in pairs

- Role play patient describing an event where he/she was hypercritical of him/herself
- Therapist tentatively labels punitive parent mode
- Therapist asks patient to sit in another chair and express punitive mode
- Patient returns to original chair

Workshop exercise: Therapist combats punitive parent cont

- Express to pp mode consequences , feelings, behaviours
- Express anger /disgust at mode
- Point out never helpful
- Discuss failings as parent and rigidity
- Model appropriate nurturing & universal needs
- Ask what the mode says in return
- Physically banish mode
- Therapist must be firm enough